Health F	Regulation & Licensin	ng Administration				PORI	W APPROVED
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0007		ER/CLIA IMBER:	(X2) MULTA. BUILD!			LETED
				<u> </u>		05/	13/2011
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET AD			DRESS, CITY,	STATE, ZIP CODE		
			INECTICUT	AVENUE NW 20008			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
R 000	An annual licensure survey was conducted on April 12, 20121 through April 13, 2011 to determine compliance with Assisted Living Law "DC Code § 44-101.01" The sample sizes were ten(10) residents records based on a census of one hundred-six(106) residents and fourteen(14) employee records based on a census of one hundred forty-one(141) employees. The deficiencies cited were based on observations, record reviews and interviews. [71] Sec. 604a1 Individualized Service Plans (a)(1) An ISP shall be developed for each resident prior to admission. Based on record review and interview, the facility			R 000	Recewed Department of Health Regulation & Licensing Intermediate Care Facili 899 North Capitol & Washington, D.C.	eattn Administration ties Division St., N.E. 20002	
	admission. (Resider The findings include 1. On May 12, 2011 a.m., a review of rethat there were no diprior admission ISP. During a face to face Living Coordinator of approximately 1:00 pthe findings. She incanother office awaiting However, this survey ISP to review.	e: , at approximately 10 sident #1's record	0:45 evealed e of a assistant aware of was in ture.		 An audit will be complete resident service plans to a Individual Service Plan has developed prior to admissi Individual Service Plan has reviewed by the physician physician signature has be prior to admission. Any new admission will had Individual Service Plan con prior to admission to facility the physician. 	ensure an s been on and the s been and en obtained ave an apleted	Tilizoii and each guarrer Blilzoii Istilizoii ongang
	 On May 12, 2011, approximately 12:45 resident #4's record admitted on June 16 	p.m. of revealed the residen			,		
alth Regula	tion & Licensing Administ	ration The	unwill	11. 50	YITLE 6/3/20/	1	(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Funga Waller, ELD reused POL plan

6/10/2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A, BUILDING		(X3) DATE SURVEY COMPLETED	
		ALR-0007		B. WING		05/	13/2011	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE			
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R 471	Continued From pa	ge 1		R 471				
	record revealed there was no documented evidence of a prior admission ISP.							
R 473	Sec. 604a3 individualized Service Plans			R 473				
	practitioner using in assessment. Based on record revealed that the fall Individualized Service healthcare practilion resident's in the same of the findings included approximately 10:45 resident #1's record 19, 2011. Further rethere was no docum aforementioned ISP healthcare practition During a face to fact Living Coordinator of approximately 1:00 the finding. 2. On May 12, 2011 approximately 11:44 revealed ISP's dated review of the ISP's resident in the ISP's revealed ISP's dated review of the ISP's resident.	views and interview, cility falled to have ce Plan's (ISP's) writer for four (4) of ten (1) in ple. (Resident #1, in ple. (Resident #1, in ple. (Resident #1) in a record review at a m. of resident #3 in p.m., she was made in a record review at a m. of resident #3 in p.m., she was made in a record review at a m. of resident #3 in p.m., she was made in a record review at a m. of resident #3 in p.m., she was made in a record review at a m. of resident #3 in p.m., she was made in a record review at a m. of resident #3 in p.m., she was made in a record review at a m. of resident #3 in p.m., she was made in a record review at a m. of resident #3 in p.m., she was made in a record review at a m. of resident #3 in p.m., she was made in a record review at a m. of resident #3 in p.m., she was made in a record review at a record r	it was iten by a 10) #3, #5, #8 it ad March wealed the by a Assistant aware of t s record Further o		- An audit will be completed oresident service plans to ensu Individual Service Plan has be developed prior to admission of Individual Service Plan has be reviewed by the physician and physician signature has been or prior to admission. - Any new admission will have Individual Service Plan compleprior to admission to facility shy the physician.	ire an een and the een bottoined an	Alilacil andeach guarter elilacii ialilacii	
. !	During a face to face	e Interview on May 1		;			 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDIN B. WING	VING				
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R 473	73 Continued From page 2			R 473				
	documentation that written the aforement		ioner had					
	3. On May 13, 2011, a record review at approximately 9:45 a.m. resident #5's record revealed a signed ISP dated May 6, 2011. There was no documented evidence a health care practitioner had written the aforementioned ISP.							
:	at approximately 11: Coordinator was ma	e interview on May 1 :45 a.m., the Health ade aware there was a health care practit ntioned ISP.	Care s no					
	approximately 10:45 resident #8's record admitted on October contained an ISP dawas no documented	revealed the resider r 26, 2010. The reco ated October 26, 201	nt was ord 0. There				1	
		a health care practiti	Care s no					
R 483	Sec. 604d Individual	lized Service Plans	:	R 483				
	admission and at lea	dated more frequent ge in the resident's o necessary, the surro	hereafter, ly if there condition.		•			

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Health Regulation & Licensing Administration								
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION DENTIFICATION NUMBER: ALR-0007			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/13/2011		
	1			SOCOO OLTV	STATE, ZIP CODE	וונטע	3/2011	
STINIBLE ASSISTED LIVING ON COMMESTICITY 5111 CON				AVENUE NW				
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R 483	reassessment. The	Continued From page 3 reassessment. The review shall be conducted by						
	an interdisciplinary resident's healthcar the resident's surro ALR. Based on record refacility failed to ensten (10) resident's In (ISP) was reviewed practitioner (30) days every six (6) month #8,) The findings include 1. On May 12, 201 approximately 11:12 record revealed the November 11, 2011 revealed an admission by the reduced and is approximately 11. Coordinator was modocumented eviden of the ISP by a heal 2. On May 12, 201 approximately 12:30 resident #3's record admitted on October admission ISP date record. There was reISP had been reviewed.	team that includes the practitioner, the regate, if necessary, and interview, sure five(5) of dividualized Services by his/her health cans after admission and s. (Resident #2, #3, #4 resident was admitted from ISP dated Nove of documented evident was interview on May 16:45 a.m., the Health and aware there was ice of a thirty (30) days is ident's practitioner.	the sident, and the the selfer sident, and the the selfer		- Resident #2, #3, #4, #7 ar Individual Service Plans have reviewed by his/her physician days after admission and at leevery 6 months. - An audit will be completed or resident service plans to ensu have been reviewed after 30 and at least 6 months thereaf Any resident significant chang resident's condition are updat all service plans and the resident healthcare practitioner, the rand the resident's surrogate winvited to participate in the resident's reassessment and soff on the revised resident seplan.	been 30 east fall are ISP's days fter. ges in a ed on ent esident vas	Glichaoil Alilaoil and each guarter Blibaoil 12/1/2011	

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R 483	Further review of the record revealed a six (6) month review of the ISP dated April 13, 2011. There was no documented evidence the resident's health care practitioner reviewed the aforementioned FISP. During a face to face interview on May 13, 2011 at approximately 11:45 a.m., the Health Care Coordinator was made aware there was no documented evidence the aforementioned FISP's was reviewed by a healthcare practitioner. 3. On May 12, 2011, a record review at approximately 12:45 p.m. of resident #4's record revealed the resident was admitted on June 16, 2010. There was a FISP dated June 23, 2010 in the record. There was no documented evidence the FISP had been reviewed thirty (30) days after admission (by the resident's health care practitioner. Further review of the record revealed there was no documented evidence of the FISP being reviewed in six (6)months by the resident's		R 483	- All resident service plans we reviewed and updated 30 day admission and at a minimum of months per the Assisted LaDC Code 44-101.01. Any new concerns or changes will be rin the resident's service plan angoing basis. Care staff will instructed on any new change interventions for the resident the time of the review of the swill conduct a review of the splan by an interdisciplinary to the resident's healthcare practitioner will be invited to participate to in the reassess meeting. An invite notification will be sent directly to the healthcare practitioner via mealthcare practitioner via mealthcare practitioner via the resident's healthcare proctitioner on the service plans.	ys after of every iving Law v reflected s on on I be es or it. At acility service eam. sment on letter ail. The ure of	cingourg		
	at approximately 11 Coordinator was m documented evident FISP's was reviewed 4. On May 13, 2013 approximately 10:48 resident #7's record	e interview on May 1 :45 a.m., the Health ade aware there was ce the aforemention ed by a healthcare po 1, a record review at	Care s no ed ractitioner.		the time of the review. - Facility will conduct monthly assurance reviews to: 1) ensured significant changes in a residence condition are updated on all selections, 2) verify healthcare practitioners were invited to participate in the resident's	re all ent's ervice	ongring	
	16, 2011. Further re	mission FISP dated eview of the record reported evidence the	evealed		reassessment and 3) all service include the signature of the healthcare practitioner.	;e pians		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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R 483	Continued From pa	ge 5		R 483			
	health care practitioner reviewed the ISP thirty (30)days after admission. During a face to face interview on May 13, 2011 at approximately 11:45 a.m., the Health Care Coordinator was made aware there was no documented evidence the aforementioned ISP's was reviewed by a healthcare practitioner. 5. On May 13, 2011, a record review at approximately 11:00 a.m. of resident #8's record revealed the resident was admitted on October 26, 2010. Further review of the record revealed an ISP dated October 26, 2010. There was no documented evidence the ISP was reviewed 30 days after admission and in six months by a health care practitioner. During a face to face interview on May 13, 2011 at approximately 11:45 a.m., the Health Care Coordinator was made aware there was no						
					Employee #t3 file now contai		5/13/2011
R 595	documented evidence the aforementioned isP's was reviewed by a healthcare practitioner. 595 Sec. 701d8 Staffing Standards.			R 595	comprehensive criminal backs check pursuant to federal an District law	ground d	
	background check product the District law execute employment; Based on staff internal Assisting Living Rest that all staff had a checks for one of for The finding includes On May 13, 2011, but 11:00 a.m., a review	ch employee has a cursuant to federal a d at the time of initial view and record revisidence (ALR) failed omprehensive backgurteen staff. (Employer: eginning at approximation of personnel record #13, did not have a contract to the contract of the contra	ew, the to ensure ground yee #13) nately		An audit will be performed or current employee files to ens all employees have compreher criminal background checks put to federal and District law on an employee is identified not the required comprehensive abackground check, the facility obtain the comprehensive background check, and check pursuant to federal and District law.	ure that nsive ursuant i file. If to have riminal y will karound	7/1/2011 andeach, guarter 8/1/2011 12/1/2011 ongnig

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF A, BUILDING B. WING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	they would fax the May 16, the crimin employee #13, was Sec. 701d11 Staffi (11) Maintain per employee that included background check and documentation communicable dis Based on a record determined that the review the current fourteen staff record The findings included the findings incl	on file for review. resources director in information to our offal background checks received in our officeng Standards. sonnel records for eaude documentation of the employee's ease status; I review and interview facility did not have health status for one rds reviewed (#13). de: at approximately 11: view with the Humanor, it was revealed that e on file the current he	ice . On of of of criminal lith status, it was on file for of of the lith aff #13 was ever the is no ctitioner	R 598	Any new employees hired the required comprehensive background check background to federal and Diat the time of initial employee #13 file now constatement of health status a physician. An audit will be performed current employee files to all employees have statement current health status signification. Any new employee hired wirequired statements of currents status signed by a poutlined in regulations on fermions.	ve criminal pund check istrict law pyment. Intains is signed by if on all ensure that ents of ed by a lill have the rrent physician	ongoing 5/13/2011 and rack guarter slifeoil inigiong ongoing	
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